

STATE OF VERMONT
HEALTH INFORMATION TECHNOLOGY REINVESTMENT FUND SURCHARGE
FEE SUBMISSION/CALCULATION FORM FOR QUARTERLY FEE *

Please attach this form to the cover sheet in the first tab in this file.

Company Name: _____

NAIC # (if applicable): _____

PAID CLAIMS BASIS FOR FEE CALCULATION

July 1 - September 30, 2009

October 1 - December 31, 2009

January 1 - March 31, 2010

April 1 - June 30, 2010

PAYMENT DUE DATE

November 1, 2010

January 1, 2011

May 1, 2011

August 1, 2011

FEE CALCULATION

LINE OF BUSINESS	TOTAL PAID CLAIMS (\$) (See footnotes below)	0.199 of one percent of TOTAL PAID CLAIMS (\$)
Comprehensive Major Medical (Including Catamount Health and Student Policies with comprehensive benefits)		
Medicare Supplement		
TPA/ASO (for services provided by licensed insurers and registered TPAs for comprehensive health benefit plans)		
Pharmacy Benefit Manager (for pharmacy benefits provided under comprehensive policies and health benefit plans)		
TOTAL		

*Insurers submitting claims data to VHCURES on a timely basis will use the paid claims totals and fee calculation published in the Annual HIT Reinvestment Fund Surcharge Report posted at http://hcr.vermont.gov/improve_quality/healthcare_IT_fund.

Insurers in the following categories are **required to self-report** quarterly paid claims totals:

1. Insurers required to pay the surcharge that have not submitted claims data to the Vermont Healthcare Claims Uniform Reporting & Evaluation System (VHCURES) are required to self-report quarterly paid claims totals as the basis for the fee calculation until paid claims data are available from VHCURES.
2. Insurers providing Medicare Supplement coverage to Vermont members are required to self-report quarterly paid claims totals for the entire universe of covered services under these policies. Medicare Supplement insurers are required to submit quarterly payments based on the calculation of 0.199 percent of the total paid claims amount. VHCURES data will not be used as the basis of the calculation for paid claims totals for Medicare Supplement.

Please refer to the "Guidelines for Insurers" at the following website:

http://hcr.vermont.gov/improve_quality/healthcare_IT_fund

Please make check payable to the "VT Health IT Fund Administration" and remit payment to:

ATTENTION: HEALTH IT FUND ADMINISTRATION
Department OF VERMONT HEALTH ACCESS
312 HURRICANE LANE, SUITE 201
WILLISTON, VT 05495